

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Florida AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 02 / 2014</b>	
Mailing Address c/o Mike Williams 135 S. Monroe Street		Amount <b>277.30</b>	
City Tallahassee	State FL	Zip Code 32301	Transaction ID : D521129
Purpose of Expenditure In-Kind Staff	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 02 / 2014</b>
Name of Federal Candidate ALEX SINK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>AFL-CIO</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 03 / 2014</b>	
Mailing Address 815 - 16th Street, NW		Amount <b>18.92</b>	
City Washington	State DC	Zip Code 20006	Transaction ID : D521124
Purpose of Expenditure Reimburse Auto Dialer Phones	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 03 / 2014</b>
Name of Federal Candidate ALEX SINK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>296.22</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 04 / 2014**

Signature